

PHILADELPHIA
ATLANTA
CHARLOTTE
CHERRY HILL
CHICAGO
DALLAS
DENVER
HOUSTON
LONDON
LOS ANGELES
NEW YORK



A PROFESSIONAL CORPORATION

RECEIVED
CENTRAL FAX CENTER

APR 11 2006

NEWARK
SAN DIEGO
SAN FRANCISCO
SANTA FE
SEATTLE
TORONTO
TRENTON
WASHINGTON, DC
WEST CONSHOHOCKEN
WICHITA
WILMINGTON

1900 MARKET STREET PHILADELPHIA, PA 19103-3508 215.665.2000 800.523.2900 215.665.2013 FAX www.cozen.com

FACSIMILE

FROM: Mark DeLuca
SENDER'S PHONE: 215.665.5592
OF PAGES (INCLUDING COVER): 9
DATE: April 11, 2006

TIMEKEEPER NO.: 2299
SENDER'S FAX: 215.701.2027
FILE NAME: UPN0003-100
FILE #: 148823

| RECIPIENT(S) | PHONE | FAX |
|--|--------------|--------------|
| Examiner Hope A. Robinson USPTO, GAU 1656 | 571.272.0957 | 571.273.8300 |

MESSAGE:

OFFICIAL FAX

PLEASE DELIVER TO EXAMINER HOPE A. ROBINSON, GAU 1656

RE: U.S. APPLICATION NO. 10/789,222 - FILING DATE: 02/27/2004

ENCLOSED FOR FILING, PLEASE FIND:

- Transmittal Form
- Fee Transmittal Form w/auth to Charge Deposit Acct. (\$225.00) (dupl.)
- Petition for Extension of Time (2 mos.)(dupl.)
- Response to Restriction Requirement (3 pages)

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL 215.665.2000 or 800.523.2900 IMMEDIATELY.

NOTICE

The information contained in this transmission is privileged and confidential. It is intended for the use of the individual or entity named above. If the reader of this message is not the intended addressee, the reader is hereby notified that any consideration, dissemination or duplication of this communication is strictly prohibited. If the addressee has received this communication in error, please return this transmission to us at the above address by mail. We will reimburse you for postage. In addition, if this communication was received in the U.S., please notify us immediately by phoning and asking for the Fax Center.


PTO/SB/21 (09-04)
Approved for use through 07/31/2008. OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

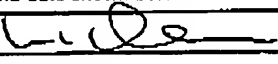
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/789,222 |
| | Filing Date | 02/27/2004 |
| | First Named Inventor | Qin Yu |
| | Art Unit | 1656 |
| | Examiner Name | Hope A. Robinson |
| Total Number of Pages in This Submission | Attorney Docket Number | UPN0003-100 |

RECEIVED
CENTRAL FAX CENTER
APR 11 2006

| ENCLOSURES (check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Official Facsimile Cover Sheet |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm | Cozen O'Connor | | |
| Signature |  | | |
| Printed Name | Mark DeLuca | | |
| Date | April 11, 2006 | Reg. No. | 33,229 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | Mark DeLuca | Date | April 11, 2006 |

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.